Special Topic:
"Club" Drug Use

PULSE CHECK
TRENDS IN DRUG ABUSE
JANUARY–JUNE 1998

Executive Office of the President
Office of National Drug Control Policy
Barry R. McCaffrey, Director

Winter 1998

Pulse Check

Trends in Drug Abuse

January-June 1998

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From the Director

Pulse Check: Trends in Drug Abuse provides a snapshot of local drug abuse situations throughout the country. The focus of *Pulse Check* is on trends in heroin, cocaine, marijuana and methamphetamine within a six-month period. Bringing together data from treatment providers, law enforcement professionals, ethnographers and epidemiologists, *Pulse Check* helps policy makers and concerned citizens understand the true cost of drug abuse in America today. As a critical qualitative measure of drug abuse, *Pulse Check* complements, rather than supplants, other methods of estimating the extent of drug abuse.

This edition of *Pulse Check* reports the following:

- The Northeast region experienced a decline from one-third to 23 percent of treatment clients listing cocaine or crack as their primary drug as did the West and Southwest, whereas rates remained about the same in the Mid-Atlantic/South and Midwest regions.

- Treatment facilities in all regions report no change in the prevalence of heroin use among their clients but some changes were found regarding route of administration with a larger proportion of clients entering who primarily snort rather than inject heroin in the Northeast and Mid-Atlantic/South.

- All ethnographic sources described marijuana use as widespread, stable, or increasing. Only sources in Chicago related a possible decrease among youth.

- Consistent with the last issue of *Pulse Check*, the average age of marijuana users in treatment seems to be dropping. In the Mid-Atlantic/South, 51 percent of clients receiving treatment for marijuana use over the past 6 months were under 20 years old.

- The majority of clients receiving treatment for marijuana use in all regions are treatment novices; this indicates, unlike other treatment clients, a younger, less experienced population seeking marijuana treatment.

- There are more treatment admissions for methamphetamine than alcohol abuse in Honolulu, where methamphetamine is considered the most problematic drug.

Taken together, *Pulse Check* offers guarded optimism for the future of drug abuse in America. It shows that when Americans become concerned about specific types of drug abuse, they can and will take steps to stop the problem. But *Pulse Check* also shows that we are in danger of losing another generation of youth to drug abuse. We as a nation must band together to let all of our children know of the dangers inherent in all drugs of

abuse, whether it be heroin, marijuana, cocaine or methamphetamine. Read this document to gauge the nature of America's drug abuse problem: resolve to take action by taking a stand against drugs in your family and community.

Barry R. McCaffrey
Director

Highlights

Twice annually, the Office of National Drug Control Policy issues *Pulse Check: Trends in Drug Abuse*. The report is based on information gathered through conversations with ethnographers, epidemiologists, law enforcement officials, and treatment providers working throughout the United States. These experts describe patterns in illicit drug use and illicit drug markets they have seen emerging in their local communities over the past 6 months preceding the conversations. The result is an update on activities covering the prior 6 months. Following are highlights of findings on heroin, cocaine, marijuana, and methamphetamine.

Heroin

- Snorting heroin continues to be an increasingly popular method of ingestion in areas where high purity levels make it an alternative to injection. Young users seem to associate a lower risk with snorting than they do with injecting, threatening an expansion in their numbers. Injection, however, remains the most prevalent route of ingestion overall and is likely the ultimate method of use for those who initiate use by snorting.

- Over the past 6 months, a number of ethnographic and law enforcement sources cite an increase in the number of female heroin users and an increase in the number of suburban, Caucasian heroin users from higher socioeconomic groups than typical of traditional heroin users.

Cocaine

- Despite positive evidence of cocaine use stabilizing and fewer new users, it remains a major problem in many communities. Multiple ethnographic and law enforcement sources note that cocaine is the primary illicit drug problem in their areas. Treatment providers across the country report no change in the prevalence of cocaine use among their clientele.

Marijuana

- Marijuana remains a very popular drug. All ethnographic and law enforcement sources interviewed said that marijuana use is stable, widespread, or increasing.

- Both ethnographic and law enforcement sources report a significant population of young marijuana users with increases reported in nine cities. Sources interviewed for this issue of *Pulse Check* said that users tend to be younger than found for other drugs, though marijuana use is prevalent among a wide range of ages and ethnicities. According to treatment providers, between 31 and 51 percent of clients receiving treatment for marijuana use are under the age of 20 years.

- Sources continue to remark on the increased availability of high-quality marijuana due to indoor and hydroponic marijuana growing systems that are now in widespread use.

Methamphetamine

- Ethnographic and law enforcement sources on the West Coast report that the methamphetamine problem continues to grow. In Los Angeles and Honolulu, sources note that the drug is more popular than cocaine due to its lower price and longer-lasting effect. Increased use and decreased prices are reported in the Midwest where seizures indicate high production activity.

- Treatment providers in the Northeast, Mid-Atlantic/South, and Midwest regions report low proportions of clients listing methamphetamine as their primary drug of abuse (3 percent, 2 percent, and 4 percent, respectively). However, treatment providers in the West/Southwest region, where the drug has been established for several years, report that 18 percent of their clients primarily abuse methamphetamine.

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Introduction

Since its inception in 1992, *Pulse Check: Trends in Drug Abuse* has been published either quarterly or semi-annually by the Office of National Drug Control Policy. Its purpose is to describe trends in drug abuse as they develop before population-based, long-term research is available to policy makers and researchers. *Pulse Check* uses reports from ethnographers and epidemiologists, law enforcement officials, and treatment providers, all working in the fields of drug use and abuse, to create a snapshot of the current state of drug abuse nationwide. Information gathered from each source is summarized in narrative form, followed by tables detailing the findings. At the end of this issue, a special report is included on recent trends in what is termed "club" and "cafeteria" drug use.

Dr. Dana Hunt, Ms. Anna Nelson, and the staff of Abt Associates Inc produce the Pulse Check for the Office of National Drug Control Policy. Anne McDonald Pritchett, Office of Programs, Budget, Research, and Evaluation, ONDCP, serves as the project director and editor for *Pulse Check*. The ethnographic, law enforcement, and treatment provider information in this issue is drawn from telephone conversations about local trends occurring from January 1998 to June 1998, the period following the last *Pulse Check*. Abt Associates staff gathered information from ethnographers, epidemiologists, and law enforcement officials selected on the basis of their expertise and to provide geographic representation. To the extent possible, these sources remain the same throughout each issue of the *Pulse Check*, and, in fact, many have been consistently reporting since 1992. For each issue of *Pulse Check,* treatment providers are randomly selected from the Uniform Facility Data Set, a national directory of treatment programs, to represent four different geographic regions of the country. The appendix provides a more detailed description of the methodology used in the production of *Pulse Check* and a list of sources.

Description of Sources

The current report includes information gathered from ethnographers, epidemiologists, and other ethnographic contacts as well as treatment providers offering a comprehensive snapshot of drug abuse trends in communities across the country. Fifteen ethnographers, epidemiologists, or other ethnographic sources contributed information for this issue of *Pulse Check.* These contacts summarize trends in heroin, cocaine, marijuana, and methamphetamine use in each of their areas over the 6 months prior to the interview. In addition, they report characteristics of drug users and sellers in their communities, any emerging drug trends, as well as descriptions of club and cafeteria drug use for the special report section. In this issue, ethnographers, epidemiologists, and other ethnographic sources provide information about the following areas: Los Angeles, California; San Francisco, California; Denver, Colorado; Bridgeport, Connecticut; Newark, Delaware; Miami, Florida; St. Petersburg, Florida; Honolulu, Hawaii; Chicago, Illinois; Minneapolis, Minnesota; Kansas City, Missouri; New York, New York; Austin, Texas; San Antonio, Texas; and Seattle, Washington. The appendix describes the content of the conversations in more detail and provides a list of these sources.

Ten law enforcement sources from different cities across the country contributed information for this issue of *Pulse Check.* These contacts report information in the same manner as the ethnographic sources. For security reasons, law enforcement sources are not identified. Police Departments from the following cities contributed to this *Pulse Check* issue: San Diego, California; Bridgeport, Connecticut; Washington, D.C.; Boston, Massachusetts; Columbia, Maryland; Trenton, New Jersey; Cleveland, Ohio; San Antonio, Texas; Seattle, Washington; and Yakima, Washington.

The current report also includes information gathered from 104 treatment providers across the four regions. These providers were selected to represent all regions of the country. The appendix describes the information gathered from treatment providers, and the methodology used to select them.

Trends in Drug Use: January-June 1998

Part I: HEROIN

Ethnographers, Epidemiologists, and Ethnographic Sources (Table 1)

Reports on heroin use from ethnographic and epidemiological sources vary from place to place--from low incidence areas like Minneapolis and two Florida cities (i.e., Miami and Petersburg) to areas of increased use in the West and along the U.S.-Mexico border. In St. Petersburg, Minneapolis, and Kansas City, sources report relatively low levels of heroin use. As reported in previous issues, Miami continues to see a slow but noticeable rise in the number of new snorters and skin-poppers. Like Miami, sources in Minneapolis report a very low level of heroin use in the area, but also note an increase in snorting. In Honolulu, sources report great variability in heroin use; within the city, some areas have seen an increase in use, some places find that use rates have remained stable, while others indicate virtually no heroin use. Sources in Los Angeles, Denver, and Newark (Delaware) report heroin use as stable. Heroin use remains stable at high levels in Bridgeport and New York. Finally, sources in San Francisco, Chicago, Austin, San Antonio, and Seattle report increased heroin use. San Antonio sources note that their increase is occurring among youth. The Seattle ethnographer notes an increase in heroin use and a decline in both treatment admissions and heroin-related deaths.

Several areas report younger heroin users are users from middle socioeconomic groups. Sources in both Miami and St. Petersburg cities indicate a significant number of young users snorting heroin. A Miami source comments that "ten years ago you couldn't find a (heroin) user under 35. Now you can—why is the question." San Francisco sources also note an increase in young users, and report college students smoking and snorting heroin. Contacts in Chicago relate an increase in young suburban users, users from higher socioeconomic groups, and female users. In Texas, San Antonio experienced an increase in the young and female users of heroin, and Austin found increased use by the middle and upper class Caucasian population. This group currently comprises 25% of the heroin-using population in Austin, where 5 years ago only one in ten users was younger than 25. Minneapolis also reports an increase in heroin use among young Caucasian users (i.e., those under 25 years of age). In Bridgeport, although sources report that the majority of heroin users are generally in their thirties and forties, there is also an increase in use by people in their twenties. Both Denver and Los Angeles sources report that heroin use still tends to concentrate among an older age cohort. New York reports heroin users as from all ages and ethnic groups.

Most sources identify injection as the predominant route of heroin administration though there continue to be users snorting or inhaling heroin, and to a far lesser extent, smoking it. San Francisco, Newark, Chicago, Minneapolis, and Austin sources report an increase in snorting, and in Miami, younger users both snort and skin-pop. In three of the fifteen cities--Bridgeport, New York, and St. Petersburg—snorting of heroin was identified as the most prevalent method of use. While Austin, Texas, found an increase in snorting, San Antonio sources related that users

continue to smoke heroin, sometimes in combination with marijuana, and reported users "shebanging," squirting a mixture of heroin and an acidic liquid up the nose. New York sources also report some smoking of heroin, but note that it is still not a common method of administration.

Most sources report that many heroin abusers use other drugs, particularly cocaine, marijuana, and alcohol. In Denver, Chicago, Minneapolis, and New York "speedballing" (combining heroin and cocaine powder in an injection) is popular[1]. The Florida cities Miami and St. Petersburg also report use of MDMA, or "ecstasy," by heroin users. In the western cities of Los Angeles, San Francisco, and Seattle, some heroin users are also using amphetamines.

Heroin dealers vary in ethnicity and age, but many cities indicated Hispanic and Mexican sellers were predominant. In 8 of 15 cities--San Francisco, Bridgeport, Newark, Miami, Honolulu, Chicago, Minneapolis, and San Antonio--heroin sellers sell other drugs, in particular, cocaine and marijuana. Additionally, San Antonio sources report an increase in the number of younger sellers, noting that they seem to be perceived as more trustworthy by heroin users than older dealers. Sales methods appear to be changing in some cities. Denver, Bridgeport, and New York sources describe a decrease in street sales in favor of indoor sales, beeper sales, and home delivery.

Heroin purity appears to be high in all areas. Miami, which has reported lower purity of heroin than other areas in the past, now indicates purity has increased. Two eastern cities--Bridgeport and New York--report heroin purity remains consistently high. Interestingly, prices vary considerably among the cities with the difference ranging from less than $100 per gram on the coasts, to over $300 per gram in the Midwest cities. Sources in Chicago report that the DEA reported the lowest price per pure milligram last year in that area. The San Francisco source reports street prices of $25 for ¼ gram and the availability of $10 bags of heroin (1/8 gram). She comments that heroin prices are "the cheapest I have seen in years."

Law Enforcement Sources (Table 2)

None of the law enforcement sources report a decrease in heroin use over the past 6 months. Police in four of the ten cities contacted--San Diego, Washington D.C., Trenton, Cleveland, and Seattle--indicated heroin use has remained stable, while Bridgeport and Columbia police report an increase in heroin use. Sources in two western cities--Yakima and San Antonio—related that heroin use rates remain fairly stable with perhaps a slight increase.

Police in San Diego, Bridgeport, Washington D.C., Trenton, and San Antonio report that

[1] It is important to distinguish between "combination use" and "concurrent use." Combination use, as in a speedball, implies a conscious use of two drugs together to create a unique effect. Concurrent use refers to drugs often used at the same time or in the same setting but not necessarily to create a combined effect, as with tobacco and alcohol.

heroin users are more often male. As found by ethnographic sources in the Mid-Atlantic, Trenton police note increasing heroin use among females. Again consistent with ethnographic reports, most law enforcement sources report that heroin users are older, in their twenties and thirties, though some areas are experiencing a rise in heroin use among youth (i.e., Trenton, San Antonio, and Seattle). Generally, heroin users represent a variety of different ethnic groups reflecting the population mixes in their area.

Heroin injection remains the predominant route of administration in 8 of the 10 cities where law enforcement sources were contacted (i.e., San Diego, Washington D.C., Columbia, Cleveland, Trenton, San Antonio, Seattle, and Yakima). Bridgeport and Boston police report snorting as the most prevalent method of use. The practice of snorting seems to be growing in Columbia, Seattle, and Trenton. The shift toward snorting is consistent with the high heroin purity levels available in these urban areas. Law enforcement contacts in half of the cities (San Diego, Washington D.C., Columbia, Seattle, and Yakima) indicate combined heroin and cocaine use.

Seller characteristics vary across the country. Law enforcement professionals interviewed for this issue of *Pulse Check* inform us that "double-breasted" or joint sales of heroin and cocaine appear to be declining. Sources in San Diego, Bridgeport, Columbia, and Trenton all reported that heroin sellers in their communities tend to sell heroin only. "Double-breasted" dealing was only noted in Baltimore (by the Columbia source), Boston, and Yakima.

Most police reports indicate the street-level prices for heroin are stable at $10 to $20 per bag. There is notable variation among the 10 cities, however. For example, Boston reports 25 to 50 percent pure street-level bags selling for $4 to $10, while in Minneapolis a street unit can cost as much as $50.

Treatment Providers (Table 3)

The majority of treatment facilities in all regions report no change in the prevalence of heroin use among their clients (Northeast, 74 percent; Mid-Atlantic/South and Midwest, 67 percent; West/Southwest, 57 percent). Approximately 8 percent of clients receiving drug treatment in the Northeast region report heroin as their primary drug of abuse. This proportion is lower than in past issues of *Pulse Check.* Conversely, in the Mid-Atlantic/South region, this figure is up from past reports to 20 percent. In the Midwest, about 9 percent of clients report heroin as the primary drug of abuse, consistent with past reports. Finally, in the West/Southwest region, heroin is reported as the primary drug of abuse by 21 percent of clients--consistent with findings of the last issue of *Pulse Check.* Of treatment facilities in the West/Southwest, however, 39 percent report an increase in heroin use among clients.

Like the ethnographic and law enforcement sources, treatment providers in all areas report injection as the most common method of heroin use. However, in the Northeast and Mid-Atlantic/South regions where heroin purity is high many treatment programs report a large proportion of clients entering treatment who primarily snort heroin (35 percent and 38 percent,

respectively). In the past, this trend was limited to the Northeast region. Although smoking heroin remains the least popular method of administration, the proportion of clients reporting this method in all regions is not inconsequential (Northeast, 19 percent; Mid-Atlantic/South, 10 percent; Midwest, 16 percent; West/Southwest, 18 percent). In the West/Southwest region, where black tar heroin dominates the market, smoking is more frequent than snorting heroin.

The majority of treatment clients in all regions who abuse heroin also use alcohol. In all but the Northeast region, high proportions of heroin-abusing clients also use cocaine (Mid-Atlantic/South, 60 percent; Midwest, 46 percent; West/Southwest, 55 percent). Marijuana use by heroin users remains popular in all regions, ranging from 24%-42%. Finally, in the West/Southwest region, 26 percent of heroin users also report using amphetamines, consistent with the methamphetamine problem in that region.

Most clients using heroin in all regions are in their twenties and thirties. It is important to note, however, that in all regions but the West/Southwest a substantial number of heroin abusers in treatment are under 20 years old (Northeast, 17 percent; Mid-Atlantic/South, 13 percent; Midwest, 17 percent). This change may reflect the beginnings of a new treatment population--new, younger users--and may indicate a future treatment burden as experimenters become addicted with extended use. In the Mid-Atlantic/South and West/Southwest regions, heroin users aged 40 years and older comprise a substantial proportion of treatment recipients (20% and 28%, respectively).

In the Northeast, the majority of clients entering treatment for heroin use are Caucasian, whereas in other regions, African Americans comprise the majority of clients entering treatment for heroin use. Across the country, most clients receiving treatment for heroin are male and have previously received drug treatment.

Part II: COCAINE

Ethnographers, Epidemiologists, and Ethnographic Sources (Table 4)

Ethnographic reports of powder cocaine/crack use differ across the cities included in this issue of *Pulse Check*. In 7 of the 15 cities where ethnographic sources were interviewed, powder cocaine/crack use was stable, 3 cities reported use as increasing, while only one reported a decline in cocaine use (Seattle). Sources in Chicago report that although use rates are still lower than their peak of a few years ago, cocaine use has increased over the past 6 months and remains the most frequently used drug in the area. Sources in Honolulu report an increase in treatment admissions relating to cocaine use but a stable number of arrests. In Minneapolis, cocaine-related problems account for more hospital admissions and overdose deaths than any other drug. Austin sources report that cocaine is the primary illegal drug used in the area. Kansas City sources report that cocaine is one of the three most frequently used drugs, along with alcohol and marijuana. In Los Angeles, San Francisco, Denver, Bridgeport, Newark, St. Petersburg, New York, and San Antonio, sources report that cocaine use rates are stable.

Differences between powder and crack cocaine users are consistent with past trends. In two Texas cities, Austin and San Antonio, most powder cocaine users are professionals from upper socioeconomic groups. Newark sources also note an increase in cocaine use among those with higher socioeconomic backgrounds. In contrast, crack use in San Antonio, Miami, St. Petersburg, and Kansas City is primarily found among African-Americans in urban, lower income groups. Sources in Chicago state that crack users are a heterogeneous group, while powder cocaine use is increasing among females. In St. Petersburg, Honolulu, Minneapolis, and Kansas City, sources note that cocaine users are mostly adults, but in other areas (e.g., Austin, Chicago, St. Petersburg, and San Francisco) there is a significant number of young users. For example, San Francisco reports that Caucasian high school and college students comprise most of the powder cocaine user group. In contrast, Kansas City sources report a decline in use among youths.

The prevalence of both smoking and snorting cocaine indicates availability of the drug in both powdered form and as crack. In all 15 cities with the exception of Bridgeport, where snorting predominates, the most prevalent method of ingestion is smoking cocaine as crack. Snorting of cocaine is common in 6 of the cities (i.e., Miami, St. Petersburg, Honolulu, Austin, San Antonio, and Seattle). Injection was cited as a method of ingesting cocaine in the cities of Denver, Miami, New York, Austin, San Antonio, and Seattle. The number of injection users is very small in San Francisco, and Denver reports a decline in the number of injection users. The eastern cities of Newark and New York note injection only in connection with "speedballing." "Shebanging" (squirting a liquid cocaine mixture up the nose), a method of ingestion that has previously been associated with heroin, was reported in Austin. Similarly, San Francisco sources report the practice of injecting crack made soluble in lemon juice.

Ethnographic sources in all of the cities related that cocaine was used in combination with other drugs. Ethnographic sources in Los Angeles, Chicago, Minneapolis, New York, San Francisco, Newark, Miami, and Seattle report "speedballing," or combined use of heroin and cocaine, a continuing trend from prior reports. Contacts in Miami, St. Petersburg, and Honolulu indicate cocaine is often used with other drugs, such as marijuana, MDMA, and LSD. Concurrent cocaine and marijuana use is reported in Los Angeles, San Francisco, Denver, Newark, Miami, St. Petersburg, Chicago, Kansas City, and San Antonio. Sources in Austin and Denver also note concurrent cocaine and methamphetamine use. In Los Angeles, San Francisco, Newark, Miami, Kansas City, New York, and Austin, sources report concurrent use of cocaine and alcohol.

Gangs or organized crime were found to be involved in cocaine/crack sales in Chicago, Minneapolis, Austin, San Antonio, and Seattle. Kansas City, Austin, and Seattle sources note that cocaine sellers are often young. Sources in San Francisco, Newark, Miami, Chicago, Minneapolis, New York, and San Antonio report that many cocaine sellers also sell other drugs.

Most sources report crack prices ranging from $10-$20 per rock or bag, though there is notable variation. In Miami, sources report prices of only $3-$5 per rock, while prices in Honolulu range from $30-$50 per rock. St. Petersburg sources report powder cocaine selling in

$20, $30, $40, and $50 units, with powder prices ranging from $20-$100 per gram. Los Angeles, Denver, and Minneapolis sources report prices of about $80-100 per gram. In Chicago, lower quality powder cocaine sells for $50 per gram. San Francisco sources report a dramatic decrease in cocaine prices to $50 per gram of cocaine.

Law Enforcement Sources (Table 5)

Police sources from all areas but Seattle describe cocaine use as stable, but many also comment that it is stable at a high level of use. In Seattle, sources report that there has been a decrease in use, though cocaine use remains very common. Washington, D.C., and San Antonio report widespread cocaine use. In the eastern city of Trenton, powder cocaine use remains stable at a moderate level, while crack cocaine use is stable at a very high level. Yakima sources note that although use is generally stable, there might be a slight increase in use due to a decrease in price in that area. In Cleveland, crack cocaine is much more popular than powder cocaine.

Smoking and snorting are the predominant methods of cocaine use. Only sources in Columbia and Seattle report injection, as well as smoking and snorting. In Seattle, sources note that injection and snorting are much less common than smoking. San Antonio sources report more snorting than smoking.

In San Diego, sources report that cocaine users may also use methamphetamine, as well as prescription drugs to aid sleep. Sources in Columbia note that cocaine use is often combined with heroin, while Boston reports that cocaine and heroin use are only combined occasionally.

Seller characteristics vary widely across the country. In Washington, D.C., sources report that, although sellers primarily sell cocaine, they sell other drugs as well. Sources in Trenton found that cocaine sellers do not usually sell other drugs. In Cleveland and San Antonio, cocaine sellers reportedly may participate in marijuana sales. Sources in Seattle report that cocaine sellers also sell methamphetamine, marijuana, and heroin. Most sources report that cocaine sells in $10-$20 units.

Law enforcement contacts report a variety of unique packaging for cocaine and crack. In Trenton, crack is sold both in ziploc bags and unpackaged; that is, a piece is cut or shaved directly off a larger rock and handed directly to the buyer. Powder is sold in ziplocs or as "twisties" where a small plastic bag is cut and shaped into a cone and tied shut with a twist tie. Many bags are tagged or marked, as has been true in the heroin market for decades. Police in Maryland report that the bags are often tagged with contemporary pop culture names like "Titanic" or "White House."

Treatment Providers (Table 6)

Cocaine use among treatment clients remains fairly consistent with previous *Pulse Check* reports. In the Northeast region, 23 percent of clients entering drug treatment list cocaine or crack as their primary drug, a decrease from the last issue of *Pulse Check*, when about one-third of

clients in this region designated cocaine as their primary drug. Consistent with the last *Pulse Check,* in the Mid-Atlantic/South and Midwest regions, 26 percent and 32 percent of clients, respectively, reported cocaine as their primary drug of abuse. In the West and Southwest, the proportion of treatment clients reporting cocaine as their primary drug is lower at 15 percent.

The majority of drug treatment facilities report no change in the proportion of clients entering treatment for cocaine use over the 6-month period reported in this issue. Also, most clients reportedly snort or smoke cocaine as opposed to injecting it in all regions.

Alcohol abuse frequently accompanies cocaine use, and marijuana use is also high in all regions among cocaine users. Concurrent use of heroin and cocaine among treatment populations was high in the Mid-Atlantic (20 percent) and West/Southwest (23 percent) regions.

In all regions, most clients entering treatment for cocaine abuse are in their twenties and thirties. The percentage of younger clients (under 20) ranges from 17 percent to 20 percent in the Northeast, Mid-Atlantic/South, and Midwest regions. In the West/Southwest region, only 9 percent of cocaine using clients are under 20 years old, while 17 percent are over 40. The majority of clients in all regions are Caucasian males.

In the West/Southwest region, 50 percent of clients receiving treatment for cocaine abuse have received drug treatment previously. In the other regions, this rate is even higher, ranging from 58 percent to 63 percent.

Part III: MARIJUANA

Ethnographers, Epidemiologists, and Ethnographic Sources (Table 7)

Ethnographic sources in all 15 cities describe marijuana use as widespread, stable, or increasing. This is consistent with reports from the last few issues of *Pulse Check.* Sources in St. Petersburg and Honolulu report that marijuana is the most prevalent drug in their areas. Increases in marijuana use were cited in San Francisco, Bridgeport, Minneapolis, Austin, and San Antonio. In Chicago, sources report a slowed increase in use, and Seattle reports use as fairly stable with a very slight increase. Marijuana use is stable in Los Angeles, Miami, New York, Denver, Newark, and Kansas City, with the last three cities noting use rates remaining stable at high levels of use.

Most sources report that marijuana users are a very heterogeneous group though use is more prevalent among youths. As the Bridgeport source reports, there is "increased use among all cultures, socioeconomic groups, and ages." Honolulu and Miami sources report that although marijuana users are of all ages, some are as young as their early teens. Denver sources also remark that marijuana users are a much younger group than users of other drugs. Newark and Minneapolis sources report an increase in young marijuana users. Los Angeles and San Antonio

sources also indicate a significant number of young users. Only sources in Chicago relate a possible decrease in use among youth and an increase in use among adults.

Sources in Miami, St. Petersburg, Honolulu, and San Antonio report marijuana use in combination with other drugs, specifically alcohol, cocaine, heroin, MDMA, and LSD. Many sources report marijuana being dipped in or "laced" with other substances. In Chicago, Kansas City, and Austin, marijuana is being combined with crack, often in "blunts" (hollowed out cigars filled with marijuana), and sold as "primos." In Chicago, Minneapolis, Kansas City, and Austin, sources report marijuana being combined with PCP (referred to by some as "amp" in Minneapolis and Austin). Chicago and Minneapolis sources report marijuana dipped in embalming fluid. Similarly, Minneapolis and Kansas City sources relate marijuana laced with formaldehyde (a prime ingredient in embalming fluid). Street names for such combinations include "happy sticks" and "fry." Marijuana has also been mixed with prescription drugs; San Antonio recounts marijuana being mixed with pulverized Xanax (a prescription anti-anxiety medication) and sold as blunts. Finally, in Seattle, marijuana may be used with methamphetamine.

In Bridgeport, Newark, Chicago and San Antonio sources report that, like its users, marijuana sellers are often young. Most areas, however, report a wider variety of marijuana sellers. San Francisco, Honolulu, San Antonio, and Seattle sources cite Mexican involvement in marijuana sales. Honolulu and Seattle indicate marijuana sales by local growers. In Bridgeport, Newark, and Miami, sources report that marijuana sellers do not typically sell other drugs but concentrate on a single market. However, San Antonio sources report that some marijuana sellers also sell heroin and cocaine along the border.

According to most sources, prices vary depending upon quality. Sources in San Antonio note that prices are declining, while sources in Denver note that prices may have increased in conjunction with an increase in hydroponic growth of marijuana and the production of a high-quality local variety. Sources in Newark also mention the increased availability of high-quality marijuana due to hydroponic growth. Sources in Los Angeles and San Francisco cited that there continues to be a substantial amount of indoor marijuana growth in California.

Law Enforcement Sources (Table 8)

Law enforcement sources, like ethnographic sources, report that marijuana use is either increasing or stable. Police sources in the eastern cities of Bridgeport, Washington, D.C., and Boston report increases in use. In Boston, this increase can be attributed to users in their late teens and early twenties. Sources in San Diego, Columbia, Trenton, Cleveland, San Antonio, Seattle, and Yakima report stable marijuana use patterns. However, in all of these areas but Cleveland, marijuana use was noted as being stable but at a high level.

Marijuana users vary widely as a group. However, as with the ethnographic sources, law enforcement notes a large proportion of young users. Sources in Seattle noted concern about high prevalence rates, particularly among young users. San Antonio sources say that "everybody" is using, and that it seems "pretty commonplace – almost accepted."

Sources once again note a wide variety of seller characteristics. Washington D.C., Cleveland, Seattle, and Yakima officials said that marijuana sellers also sell a variety of other drugs, while sources in Trenton report that marijuana sellers typically do not sell other drugs. In Boston, an increasing number of people are growing and selling their own marijuana. Significant high-quality indoor marijuana production was sited in Seattle. Yakima sources note the existence of both Mexican marijuana and domestic hydroponic marijuana markets. In Trenton, sources say that marijuana is also often sold and sent through mail.

Treatment Providers (Table 9)

In all regions, the percentages of clients listing marijuana as the primary drug used are similar, ranging from 16 percent to 20 percent. The majority of treatment providers report no change in the number of treatment clients reporting marijuana use, though 24 percent of Northeastern treatment providers report an increase.

High rates of alcohol use by marijuana abusers are reported in all regions, with estimates ranging from 74 percent to 100 percent. Cocaine use by marijuana users is also popular. The Mid-Atlantic/South region has the highest rate of cocaine use by marijuana users at 32 percent. The Northeast, Midwest, and West/Southwest rates are 20 percent, 25 percent, and 13 percent, respectively. The lower rate of concurrent marijuana and cocaine use in the West/Southwest may be due to a significant amount of concurrent marijuana and amphetamine use (26 percent).

Consistent with the last issue of *Pulse Check*, the average age of marijuana users in treatment seems to be dropping. In the Mid-Atlantic/South, 51 percent of clients receiving treatment for marijuana use over the past 6 months are under 20 years old. The percentage of clients under the age of 20 years receiving treatment for marijuana use is similar in the Northeast (39 percent), the Midwest (31 percent), and the West/Southwest (32 percent).

The majority of clients who receive treatment for marijuana use are Caucasian males. The majority of clients who receive treatment for marijuana use in all regions are treatment novices, that is, they have not received drug treatment previously. This indicates, unlike other treatment clients, a younger, less experienced population seeking marijuana treatment.

Part IV: METHAMPHETAMINE

Ethnographers, Epidemiologists, and Ethnographic Sources

Ethnographic sources in Honolulu report that methamphetamine is the most problematic drug in that area. In Honolulu, there are more treatment admissions for methamphetamine use than alcohol abuse. The Honolulu ethnographer states that high-quality methamphetamine labs are found by police many times each week. "Clear" and "cloud" are the two types of methamphetamine found in the area, descriptive of differences in appearance of the product. "Clear" is considered to be more pure than "cloud." Prices are $40 per 1/10 gram on Oahu and

$50-$100 for the same amount on the big island. Smoking is the most common method of administration.

Los Angeles ethnographic sources report that methamphetamine use has increased, and may be supplanting cocaine in popularity in that it is less expensive and has a longer-lasting high. Denver sources also state that methamphetamine use continues to increase in that area. In Austin, where methamphetamine availability is increasing and prices are dropping, it is reportedly popular in nightclubs. In Seattle, sources report that methamphetamine use is very popular, but use rates have reached a plateau. However, in 1997, methamphetamine-related fatalities increased in that area. Sources report both smoking and injection. Methamphetamine prices have declined in Seattle and sources note that a shift to methamphetamine use could be due to the drug becoming less expensive than cocaine.

Chicago sources note that there is less methamphetamine use in that area as compared to the West, but that it may have recently become more available. In Minneapolis, methamphetamine treatment admissions doubled from 1996 to 1997. Forty-six percent of these admissions are for users under the age of 25 years. Sources in Kansas City also report that methamphetamine use is becoming more of a problem. Delaware also reports that methamphetamine is available.

Law Enforcement Sources

In San Diego, sources report that methamphetamine is very popular, and that it has been for many years. It is affordable, available, and does not appear to have the same stigma as is associated with other drugs. Sources note that large amounts of methamphetamine are manufactured in Mexico, only 20 miles from San Diego, as well as in California counties inland. Methamphetamine was cited as a problem in both Seattle and Yakima. Yakima police sources report that methamphetamine is becoming as much of a problem as cocaine and heroin. In Boston, police sources report a few methamphetamine seizures, but say that the drug is not a problem in the area. Similarly, San Antonio sources report only a few additional cases involving methamphetamine.

Treatment Providers

Treatment providers in the Northeast, Mid-Atlantic/South, and Midwest regions report low proportions of clients listing methamphetamine as the primary drug used (3 percent, 2 percent, and 4 percent, respectively). However, treatment providers in the West/Southwest region report that 18 percent of their clients primarily use methamphetamine. Similarly, the majority of treatment providers in the Northeast, Mid-Atlantic/South, and Midwest regions report rates of methamphetamine use as stable (74 percent, 84 percent, and 71 percent, respectively). However, one-half of the West/Southwest region providers report that methamphetamine use is on the rise. Additionally, a significant proportion of Northeast and Midwest providers said there has been an increase in methamphetamine use (22 percent and 25 percent, respectively).

Tables

Table 1
Ethnographers and Epidemiologists Report on Heroin

	City		
	Los Angeles, CA	**San Francisco, CA**	**Denver, CO**
Use	Stable	Increase	Stable
Who's Using/ Change in Users	Based on treatment admissions: 70% male, 30% female; 41% Latino, 38% Caucasian; 43% 35-44 years old, 27% 45 years old and over.	Mostly Caucasian; some college students snorting and smoking; many older, long-term users; increase in young users.	Mostly older users; 60% male, 40% female; mostly Caucasian and Hispanic.
Prevalent Method of Use	Based on treatment admissions: 90% injection 6% smoking 4% snorting	Injection Smoking (increase) Snorting (increase)	Injection
Drugs in Combination	Cocaine Amphetamines Methadone	Cocaine Amphetamines	Cocaine (speedball)
Who's Selling		Many ethnic groups. Sell cocaine as well.	Primarily Mexican Nationals; fewer street dealers, more beeper sales.
Price/Purity	$20-$25 per ¼ gram; $18,000 per kg; purity 8-60%.	Decrease; $25 per ¼ gram.	$120-160 per gram; $750 per ½ ounce.
Other/ Comments			

Table 1 (cont'd)
Ethnographers and Epidemiologists Report on Heroin

	City		
	Bridgeport, CT	**Newark, DE**	**Miami, FL**
Use	Stable at high level	Stable	Slow increase; new snorters & skin-poppers.
Who's Using/ Change in Users	30% African American, 30% Hispanic, 30% Caucasian; 65% males, 35% females; generally older (30-40+ years), increased use by age group 20-29 years, increased snorting by 16-20 year old group.	First-time users: teenagers, particularly young Caucasian females. Chronic users: wide range of socioeconomic and ethnic groups, 20-60 years, both males and females.	75% African-American (not usually young); some non-Cuban Hispanics, Puerto-Rican Hispanics, Dominicans, Caucasians (more young users in these groups); age is bimodal, 45-55 yrs. or in 20's ; older age group 75% male, 25% female; younger age group 60% male, 40% female.
Prevalent Method of Use	Snorting (most prevalent) Injection	Snorting (increase) Injection	Injection (older users) Skin-popping (younger users, older users with no veins left) Snorting (younger users)
Drugs in Combination	Crack cocaine Alcohol	Marijuana	Alcohol Tobacco Marijuana Cocaine MDMA
Who's Selling	Gangs; 15-25 years; also sell crack; sold and home delivered via beeper use.	Wide variety; street level dealers in mid-teens to mid-30's; also sell other drugs.	Hispanic sellers; also sell cocaine.
Price/Purity	$10 per bag; purity is high.	$10-20 per bag; purity varies.	$10 per bag; purity is up.
Other/ Comments		Dealers target young females as new users. Then these females are used to lure new young male users.	

Table 1 (cont'd)
Ethnographers and Epidemiologists Report on Heroin

	City		
	St. Petersburg, FL	**Honolulu, HI**	**Chicago, IL**
Use	Stable at low level	Variable—increase in some areas, stable in some, nonexistent in some.	Increase
Who's Using/ Change in Users	Caucasian youth (snorting), young adults	Not many native islanders use; primarily older age group; more males than females	More younger suburban users, higher socioeconomic groups; more female users
Prevalent Method of Use	Snorting	Injection	Increased snorting, faster progression to injection, increased injection.
Drugs in Combination	MDMA Marijuana Alcohol LSD	Methadone	Cocaine (speedballing)
Who's Selling		Mexican Nationals; also sell marijuana, cocaine	Gang controlled; different types of heroin sold by different groups; also sell cocaine, marijuana
Price/Purity	$10, $15, $20 units	$50 per ¼ gram (typical purchase); $200-500 per gram; $100,000 per kg. Black tar, 67%, but also as low as 20%.	China White- $40,000 per kg, $160-175 per gram; Mexican brown, $28,000-40,000 per kg; Black tar, $800-1,800 per oz; DEA reported lowest price per pure mg in 1997 ($.68), 31% purity
Other/ Comments		Increase in heroin use indicated in rise in treatment admissions	¾ heroin, ¼ cocaine combinations sold; most heroin from Southeast Asia; South American heroin more available

Table 1 (cont'd.)
Ethnographers and Epidemiologists Report on Heroin

	City		
	Minneapolis, MN	**Kansas City, MO**	**New York, NY**
Use	Increase in snorting, but overall low prevalence	Stable at extremely Low level	Stable at high level
Who's Using/ Change in Users	25% under 25 yrs., predominantly Caucasian, increase in this group; 43% 35 yrs. +; 70% male, 30% female; 50% Caucasian, 50% Africa -American		All ages; all ethnic groups
Prevalent Method of Use	45% Snorting (increase) 53% Injecting		Snorting (popular) Injection Smoking (not common)
Drugs in Combination	Cocaine (speedballing		Cocaine (speedballing) Marijuana Prescription drugs
Who's Selling	Variable; also sell cocaine and marijuana		Fewer street dealers, more indoor sales and deliveries; older group than sellers of crack cocaine; primarily sell heroin only
Price/Purity	$50 for standard retail unit; $350-500 per gram; $3,000-4,000 per oz		$10 per bag (1/10 gram); high purity
Other/ Comments	Hepatitis-C is common among methadone clients		Concern about young age of those initiating use

Table 1 (cont'd.)
Ethnographers and Epidemiologists Report on Heroin

	City		
	Austin, TX	**San Antonio, TX**	**Seattle, WA**
Use	Increase	Increase in use by youths	Sources report increase in use, but treatment admissions and deaths have declined
Who's Using/ Change in Users	Based on treatment admissions: Injectors-49% Caucasian, 11% African-American, 39% Hispanic, average age 36 yrs. Snorters- 29% Caucasian, 40% African American, 27% Hispanic, average age 31 years; increased use by middle and upper class Caucasian population	Young users; mostly Mexican-American users, also Caucasian and African American users; more males than females, but use by females is on the rise	Typically middle-aged Caucasian males
Prevalent Method of Use	Injecting Snorting (increase)	Injection "Shebanging" (squirting mixture up nose) Smoking (may combine with marijuana)	
Drugs in Combination	Alcohol, Cocaine	Cocaine (speedballing), Xanax, Darvon, Diazepam, Valium, Rohypnol (in youth gangs), Marijuana	Cocaine Methamphetamine
Who's Selling	Hispanic community controls heroin flow	Mexican mafia: controls distribution & most of the business. Texas syndicate: younger sellers, higher status in IV user community, more trustworthy. Increase in younger sellers; also sell cocaine and marijuana.	
Price/Purity	Black tar (decrease): $250-400 per gram, $800-3,500 per ounce, $50,000-175,000 per kg; 44-80% purity. South East Asian: $150,000-175,000 per kg. South West Asian: $85,000 per kg. Colombian: $50,000-95,000 per kg; 30-80% purity.	$10 per ¼ gram, $40 per gram, at Mexican border and El Paso $1,300-1,400 per ounce.	
Other/ Comments			

Table 2
Law Enforcement Report on Heroin

	City		
	San Diego, CA	**Bridgeport, CT**	**Washington, DC**
Use	Stable	Increase	Stable
Who's Using/ Change in Users	Mostly Caucasian; late 20's-early 30's; more males than females	More males than females; all ethnicities; often used by prostitutes	60% male, 40% female; mostly African Americans; 25-40 years
Prevalent Method of Use	Injection	Mostly snorting, less injection	Primarily injection, small amount of smoking and snorting
Drugs in Combination	Cocaine		Cocaine
Who's Selling	Older Caucasian males; Mexican Nationals; usually only sell heroin	Mostly minorities, some Caucasians; all in inner city; don't usually sell other drugs	Mostly African-Americans on street level; controlling groups are Nigerians, Asians, Ghanyans; suppliers-Iranians, Asians, Nigerians, Pakistanis
Price/Purity	Black tar: $10-20 per .20-.50 grams, 40-60% purity. Powder: $20 per .10-.15 grams, $110 per gram, 40-60% purity	$10 units; usually 28-30% pure ("p-dope")	$20 per 100-150 mg, 14-25% purity ("quarter"); $40-60 per 200-300 mg, 14-25% purity ("one plus one"); $90-110 per 1 gram cut with something else ("street spoon"); $150-300 per 800-1500 mg (10 bags, "ten pack"); $4,000-9,000 per ounce; $64,000-96,000 per lb.; $150,000-215,000 per kg.
Other/ Comments		Typically purchased between 6-8 a.m.	

Table 2 (cont'd.)
Law Enforcement Report on Heroin

	City		
	Boston, MA	**Columbia, MD**	**Trenton, NJ**
Use	Variable, dependent on supply	Increase	Stable at high level
Who's Using/ Change in Users	All populations in mid 20's to mid 30's	More diverse user population; broad age range; more use in suburbs	All ethnic groups; mid teens-early 30's; more males than females, but use among females is increasing
Prevalent Method of Use	Injection Snorting (most common)	Injection (lower purity) Snorting (higher purity, new users)	Injection (most common) Snorting (increase)
Drugs in Combination		Cocaine (speedballing) Marijuana	
Who's Selling	On street level, variable; on wholesale level, Dominicans, Colombians also involved. Dominicans and Colombians also sell cocaine	Inner city, mostly African-Americans; in suburban areas, diverse population. In Baltimore, sell cocaine also; elsewhere don't usually sell other drugs	All ethnic groups; street runners mid teens, controllers early 20's-40's; usually only sell heroin
Price/Purity	$4-10 per bag (300 mg); 25-50% purity	$10-20 per bag; $100-200 per gram; $5000 per ounce; price decrease in cities. Low purity, 12-25%; high purity, 50-90%; no change	$15-20 per bag (100 mg.); can buy 10-13 bags for $12 per bag and sell for $15 per bag
Other/ Comments			

Table 2 (cont'd.)
Law Enforcement Report on Heroin

	City			
	Cleveland, OH	**San Antonio, TX**	**Seattle, WA**	**Yakima, WA**
Use	Stable	Slight increase	Stable; decline in heroin-related deaths; no increase in treatment admissions	Stable or slight increase.
Who's Using/ Change in Users	Mostly Hispanic and African American; both males and females	Predominantly older Hispanic males; spreading to younger males of all ethnicities	30-35 yrs.+; few young people; all ethnicities; both males and females	20's-30's; lower socioeconomic groups; Caucasians, Mexicans
Prevalent Method of Use	Injection	Injection	Injection Snorting Smoking (lace cigarettes) Mixed with food	Injection Smoking
Drugs in Combination		With marijuana and alcohol rarely	Cocaine (speedballing) Alcohol (possibly)	Cocaine
Who's Selling		Older Hispanic males sell at street and mid level, some younger Hispanics males also sell at street level.	Predominantly Hispanics, some African Americans, some Asians.	Predominantly Mexican sellers; also sell cocaine and methamphetamine
Price/ Purity	$20 per bag $600 per gram Prices stable	$10-20 per bag ($20 per 300 mg.)	Black tar: $80-100 per gram, $4,00-2,000 per ounce; Southeast Asian: $5,000-7,000 per ounce	Black tar: $700-900 per ounce; price has decreased
Other/ Comments			Watching for more Southeast Asian heroin because of problems in Canada and CA	Heroin is pretty accessible in the community

Table 3
Treatment Providers Report on Heroin Use Patterns

	Region			
	I: Northeast N=25	**II: Mid-Atlantic & South** N=25	**III: Midwest** N=24	**IV: West & Southwest** N=30
Clients with Heroin Listed as Primary Drug of Choice	8%	20%	9%	21%
Change in Use Over Last 6 Months				
Increase	26%	33%	33%	39%
No change	74%	67%	67%	57%
Decrease	0%	0%	0%	4%
Clients Injecting	47%	53%	58%	68%
Clients Snorting	35%	38%	26%	14%
Clients Smoking	19%	10%	16%	18%
Other Drugs Abused (% providers who mention)				
Cocaine	20%	60%	46%	55%
Marijuana	24%	32%	42%	36%
Alcohol	52%	72%	71%	65%
Tranquilizers	0%	4%	4%	13%
Amphetamines	12%	0%	8%	26%
Other	12%	20%	25%	13%

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania
Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C.
Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota
Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

Table 3 (cont'd)
Treatment Providers Report on Heroin Use Patterns

	Region			
	I: Northeast	**II: Mid-Atlantic & South**	**III: Midwest**	**IV: West & Southwest**
Age				
Under 20	17%	13%	17%	4%
20's	33%	35%	33%	30%
30's	37%	30%	37%	38%
40+	11%	20%	13%	28%
Race/Ethnicity				
Caucasian	53%	29%	26%	16%
African American	31%	54%	63%	45%
Latino	6%	15%	4%	19%
Asian	0%	1%	0%	4%
Other	10%	1%	6%	18%
Gender				
Male	59%	74%	71%	66%
Female	41%	26%	29%	34%
Prior Treatment?				
Yes	72%	68%	68%	59%
No	28%	32%	32%	41%

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania
Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C.
Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota
Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

Table 4
Ethnographers and Epidemiologists Report on Cocaine/Crack

	City		
	Los Angeles, CA	**San Francisco, CA**	**Denver, CO**
Use	Stable	Stable	Stable
Who's Using/ Change in Users	Based on treatment admissions: 61% African-American; 54% male, 46% female	Heroin users who also use cocaine; primarily Caucasian high school and college students using powder; primarily African Americans smoking	Based on treatment admissions: mostly Caucasian users, 62% male, 92% over 25 years old
Prevalent Method of Use	Smoking	Smoking Snorting Injection (very small)	Smoking Snorting Injection (decreasing)
Drugs in Combination	Heroin (speedball) Marijuana Alcohol	Heroin Marijuana Alcohol	Heroin (very infrequent) Marijuana Methamphetamine
Who's Selling		Heroin sellers	
Price/Purity	$80 per gram, $600-700 per ounce	Decreased dramatically; $50 per gram	$80-100 per gram, $200 per 1/8 ounce, $900-1,300 per ounce
Other/ Comments		Seeing increase in crack injection.	

Table 4 (cont'd)
Ethnographers and Epidemiologists Report on Cocaine/Crack

	City		
	Bridgeport, CT	**Newark, DE**	**Miami, FL**
Use	Stable	Stable	
Who's Using/ Change in Users	60% African-American, 40% Hispanic; 50% males, 50% females; 20-29 years	All ethnic groups; 18 years to mid 40's; more males than females; some increase in use by higher socioeconomic groups.	Inner-city users; mostly African-American population
Prevalent Method of Use	Snorting	Snorting Smoking Injection (usually combined with heroin)	Snorting Smoking Injection
Drugs in Combination	Some alcohol Some marijuana	Alcohol Marijuana Heroin	Alcohol Marijuana Heroin Tobacco MDMA
Who's Selling	Mostly males, 15-25 years at street level.; Older (25+ years) sell using beepers	Wide variety; street level dealers in mid-teens to mid-30's; also sell marijuana	Hispanics; also sell heroin
Price/Purity	$10 per bag; high purity	$10-35 per bag; good purity usually but varies	$10 per bag (30-100 mg.), $3-5 per rock
Other/ Comments			

Table 4 (cont'd)
Ethnographers and Epidemiologists Report on Cocaine/Crack

	City		
	St. Petersburg, FL	**Honolulu, HI**	**Chicago, IL**
Use	Stable at low level	Increase in treatment admissions, stable number of arrests	Most prevalent drug of abuse; increase in use, but still much lower level than years ago
Who's Using/ Change in Users	Compared to heroin, more African American users; in Caucasian population users mostly over 25 years, but there are some younger users.	Higher income users than heroin; in 20's to late 30's; Caucasian and Hawaiian users	Crack users are a very heterogeneous group. Increase in use by Latino population, females, and youth
Prevalent Method of Use	Smoking Snorting	Smoking Snorting	Smoking Crack injection (increasing but less common than smoking.)
Drugs in Combination	Powder-tend to be polydrug users (marijuana, LSD, MDMA); Crack-tend to use only crack cocaine	Polydrug use in younger user group	Heroin (speedballing); Marijuana (primos, 3750)
Who's Selling	Powder-less organized, peer-structured; Crack-distributed primarily in African-American community by several groups	Mexican Nationals	Gang-controlled; Sell all types of drugs
Price/Purity	Crack-$10-$20 rocks. Powder-$20, $30, $40, $50 increments; $100-125 per gram, $70 per ½ gram.	$30-50 per rock; $25-35 per 1/10 gram; $100-120 per gram; $26,000-52,000 per kg. Purity varies with quantity; 90% for 1 lb.+ purchases; 20-50% for gram purchases.	Powder: $18,000-24,000 per kg, $2000 per ounce, $50 per gram for lower quality. Crack: $5-10 per rock. Purity: 68%.
Other/ Comments			

Table 4 (cont'd.)
Ethnographers and Epidemiologists Report on Cocaine/Crack

	City		
	Minneapolis, MN	**Kansas City, MO**	**New York, NY**
Use	Cocaine accounts for more hospital emergency room admissions and overdose deaths than any other illicit drug	One of top three drugs of choice (with alcohol and marijuana)	Stable
Who's Using/ Change in Users	57% African-American, 35% Caucasian; 36% female, 64% male; 87% over 25 years	Used in urban core; users predominantly African-American; use by youths has declined; users in 20's and 30's	All ethnicities, all ages, both genders
Prevalent Method of Use	Most smoke	Most smoke	Smoking Snorting Injection (often combined with heroin)
Drugs in Combination	Heroin (speedballing; not predominant)	Alcohol Marijuana	Heroin (speedballing) Alcohol
Who's Selling	Gangs; also sell heroin and marijuana	Widely available; may be sold by teens and young adults	Younger group than heroin sellers; sometimes sell other drugs
Price/Purity	Crack: $20 per rock Powder: $100 per gram, $1,000-1,200 per ounce, $18,000-24,000 per kg.		$10, $15, $20 per bag in open markets; indoor sales sell in quantities desired by buyer
Other/ Comments			Crack cocaine market not expanding

Table 4 (cont'd.)
Ethnographers and Epidemiologists Report on Cocaine/Crack

	City		
	Austin, TX	**San Antonio, TX**	**Seattle, WA**
Use	Primary illegal drug used	Stable	Decrease
Who's Using/ Change in Users	Caucasians, Hispanics, African-Americans; young users; increased use by Caucasians and Hispanics; powder cocaine is used by upper socioeconomic class	Young, lower-income African Americans smoke crack; snorting is more sophisticated; upper-class professional Caucasians snort; more male users than female	Evenly spread among gender and ethnicities
Prevalent Method of Use	Smoking Snorting Injection "Shebanging" (mixed with water and squirted up nose)	Smoking Snorting Injection Mixed with marijuana	Smoking Snorting Injection
Drugs in Combination	Alcohol Methamphetamine	Marijuana	Heroin
Who's Selling	Teens; in Lubbock-African Americans and young Hispanic gangs	Mexican mafia; also sell other drugs	Multi-ethnic youth gangs
Price/Purity	Powder: $500-1,200 per ounce (50-88% purity), $20-100 per gram (40% purity); Crack: $500-1,000 per ounce (60% purity), $10-50 per rock	$10 per ¼ gram, $30 per ¾ gram, $75-85 per 1/16 ounce, $150-170 per 1/8 ounce, $1,200-1,400 per ounce	$10 per 1/5 gram, $35-40 per gram, $70 per 1 ¾ gram ("Teener")
Other/ Comments			

Table 5
Law Enforcement Report on Cocaine/Crack

	City		
	San Diego, CA	**Bridgeport, CT**	**Washington, DC**
Use	Stable		Stable but widespread
Who's Using/ Change in Users	Powder: mostly Caucasian males; otherwise variable users; early 20's-30's. Crack: lower socioeconomic levels	All ethnicities, ages, both males and females	Powder: 25-30 yrs.; 60% male, 40% female; African-American (reflects total population). Crack: 21-40 yrs.; 50% male, 50% female; African-American (reflects population)
Prevalent Method of Use	Smoking Snorting	Smoking Snorting	Smoking Snorting
Drugs in Combination	Methamphetamine Prescription drugs (to sleep)		Marijuana (laced with crack) Tobacco (laced with crack) Heroin (with powder)
Who's Selling	Mexican Nationals; Caucasian males; powder available in bars uptown	On street, minorities; Jamaicans who previously only sold marijuana are beginning to sell cocaine as well	On street, African-Americans; controlling the market, Colombians, Panamanians, Cubans, Iranians, Dominicans, Jamaicans, African-Americans, Caucasians. Will deal other drugs, but primarily deal cocaine
Price/Purity	Powder: $10 per 1/10 gram, $60-100 per gram, $120-160 per 1/8 ounce, $600-1,000 per ounce, 20-40% purity at street level. Crack: $10 per 1/10 gram (1 rock), $20-40 (for 2-4 rocks), 20-40% purity at street level	Powder: $10 units Crack: $5 per 1/10 gram.	$20 per 800-150 mg (1 rock); $100 per "meatball" (not usually purchased by people from inner city). Crack is usually 50-70% purity.; Powder usually 60-90% purity
Other/ Comments			

Table 5 (cont'd.)
Law Enforcement Report on Cocaine/Crack

	City		
	Boston, MA	**Columbia, MD**	**Trenton, NJ**
Use	Stable	Stable	Powder: stable at moderate level; Crack: stable at very high level
Who's Using/ Change in Users	All types of people; both males and females; mid 20's to mid 30's	Powder: varied ages, ethnicities Crack: younger, more urban, mostly African-American	Powder: all ethnicities though more popular in Caucasian community, early 20's-middle age, working population, weekend users. Crack: all ethnicities though more popular in African-American community, late teens-mid 30's, both genders
Prevalent Method of Use	Smoking Snorting	Smoking Snorting Injection	Smoking Snorting
Drugs in Combination	Occasionally combined with heroin (rare)	Heroin Marijuana (infrequent)	Crack users don't tend to combine. Powder users seem to use marijuana as well.
Who's Selling	Anyone who can purchase a substantial amount; major distributors are Dominican; most selling occurs using beepers and cellular phones and is delivered (less street sales)	Mirrors user population	Powder: mostly Hispanic sellers, early 20's-mid 30's, not sold on street so much. Crack: mostly African-American sellers, on street mid teens, at mid level middle aged. Both don't usually sell other drugs
Price/Purity	$40-100 per gram; variable purity but usually 50%+.	Powder: $100 per gram, $800-1,200 per ounce, 71-85% purity. Crack: $10-20 per rock (100 mg.); $100 per gram; $800-1,200 per ounce, 56-81% purity.	Powder: $60-80 per gram. Crack: $35 per gram.
Other/ Comments			

Table 5 (cont'd.)
Law Enforcement Report on Cocaine/Crack

	City			
	Cleveland, OH	**San Antonio, TX**	**Seattle, WA**	**Yakima, WA**
Use	Stable; crack is much more common than powder	Stable; most popular drug S	Decrease, but common	Stable with possible slight increase due to price decrease
Who's Using/ Change in Users	Youth- adults; all ethnicities; both male and female; however, African-American males most common users	All ethnic groups; 16-50 yrs.; 65% male, 35% female	80% male; mostly over 25 yrs.; 65% Caucasian/other, 35% African-American	Teens-40's; Caucasians and Mexicans
Prevalent Method of Use	Smoking	Smoking (some) Snorting	Smoking Injection (less so) Snorting (less so)	Smoking Snorting
Drugs in Combination		None	Heroin Alcohol	Don't usually combine
Who's Selling	All types; African-American males most common sellers; also sell marijuana	Males and females; all ethnicities; all ages. Infrequently, also sell marijuana N	Hispanic youth gangs, African-American adults; also sell methamphetamine, marijuana, heroin	Predominantly Mexican sellers
Price/Purity	Crack: $10-20 per rock, $100 per gram	$10-20 per bag (300 mg.)	Powder: $10 per bag (200 mg.), $70 per 1 ¾ grams; 80-90% purity. Crack: $20 per 100-125 mg., $40 per 200-250 mg; 40-60% purity	$600-800 per ounce; price has decreased slightly; high purity
Other/ Comments		Most cases involve powder cocaine, not crack		

Table 6
Treatment Providers Report on Cocaine/Crack Use Patterns

	Region			
	I: Northwest	**II: Mid-Atlantic & South**	**III Midwest**	**IV: West & Southwest**
Clients with Cocaine/Crack Listed as Primary Drug of Choice	23%	26%	32%	15%
Change in Use Over Last 6 Months				
Increase	20%	4%	29%	3%
No change	80%	72%	71%	77%
Decrease	0%	24%	0%	19%
Clients Injecting	12%	10%	10%	19%
Clients Snorting	34%	44%	33%	29%
Clients Smoking	52%	46%	58%	52%
Other Drugs Abused (% providers mention)				
heroin	8%	20%	8%	23%
marijuana	64%	48%	50%	39%
alcohol	88%	84%	88%	65%
tranquilizers	8%	0%	4%	6%
amphetamines	24%	0%	12%	16%
other	8%	20%	17%	6%

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania
Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C
Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota
Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

Table 6 (cont'd.)
Treatment Providers Report on Cocaine/Crack Use Patterns

	Region			
	I: Northeast	**II: Mid-Atlantic & South**	**III: Midwest**	**IV: West & Southwest**
Age				
Under 20	20%	18%	17%	9%
20's	39%	43%	40%	32%
30's	29%	30%	30%	42%
40+	11%	9%	13%	17%
Race/Ethnicity				
Caucasian	54%	51%	52%	49%
African-American	33%	34%	36%	20%
Latino	7%	13%	10%	7%
Asian	0%	0%	0%	4%
Other	6%	1%	1%	19%
Gender				
Male	58%	71%	66%	65%
Female	42%	29%	34%	35%
Prior Treatment?				
Yes	63%	62%	58%	50%
No	37%	38%	42%	50%

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania
Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C
Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota
Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

Table 7
Ethnographers and Epidemiologists Report on Marijuana

	City		
	Los Angeles, CA	**San Francisco, CA**	**Denver, CO**
Use	Stable	Increase	Stable at high level
Who's Using/ Change in Users	Based on treatment admissions: 42% under 17 years old; 64% male, 36% female; 37% Latino	Both young and older users; people who use heroin and cocaine often use marijuana	60% Caucasian; 72% males, 28% females; much younger group of users than other drugs
Drugs in Combination	Alcohol	Alcohol Heroin Cocaine	Alcohol Amphetamines (some)
Who's Selling		Caucasians, Mexicans	All different groups
Price/Purity	Mexican: $10 per gram, $60-80 per ounce, $300-500 per pound. Domestic Outdoor: $25 per gram, $200-250 per ounce, $1,000-1,200 per pound. Domestic Indoor: $60-80 per gram, $400-600 per ounce, $2,500-6,000 per pound	$10 per gram, $400 per ounce, $2800 per pound	Large variability dependent upon quality; $100-600 per ounce; $700-5,000 per pound. Prices may have increased due to hydroponic growth
Other/ Comments		In California, most marijuana is grown indoors	

Table 7 (cont'd)
Ethnographers and Epidemiologists Report on Marijuana

	City		
	Bridgeport, CT	**Newark, DE**	**Miami, FL**
Use	Increase	Stable at high level	Stable
Who's Using/ Change in Users	Increased incidence among all cultures, socioeconomic groups, ages	Increased and high level of use by teenagers and young adults	Pervasive among youth; occasional use common in high socioeconomic group
Drugs in Combination	Alcohol Cocaine (some)	Alcohol Cocaine	Alcohol Cocaine Tobacco Heroin
Who's Selling	15-25 year olds at street level; don't usually sell other drugs	Two groups of sellers: typical group selling lower quality, young males running higher quality for hydroponic growers; don't usually sell other drugs	Varies; don't usually sell other drugs
Price/Purity	$10 per bag; good quality	Increase in high quality hydroponic marijuana, marijuana imported from California and New England	$25-50 per 1/8 ounce (depending upon quality)
Other/ Comments		Still see lower quality marijuana laced with PCP, insecticide, jimson weed	

Table 7 (cont'd)
Ethnographers and Epidemiologists Report on Marijuana

	City		
	St. Petersburg, FL	**Honolulu, HI**	**Chicago, IL**
Use	Most prevalent drug used	Primary drug of choice	Slowed increase in use
Who's Using/ Change in Users	Not one particular group; crosses all lines	All ages, as young as early teens; both males and females	All ethnicities; increased rate of use among Hispanic population; prevalence higher among Caucasian and African-American groups; higher prevalence in males than females; possible decrease in use among youth and increase in use among adults.
Drugs in Combination	Some use marijuana exclusively, younger frequent users often also use MDMA, LSD, cocaine, alcohol.	All other drugs	Crack ("primos"), Dipped in embalming fluid or PCP ("Happy sticks")
Who's Selling	Lots of people, primarily a peer-based distribution system	Mexican Nationals Local growers	Youth; less controlled market; some sell other drugs
Price/Purity	Varies, $135-350 per ounce depending upon perceived quality.	$100-200 per ¼ ounce	$800-2,500 per lb. $100-200 per ounce (of varying quality) $3-20 per blunt (depending on size)
Other/ Comments		Green Harvest, an eradication operation, may keep prices high, but does not eliminate use.	

Table 7 (cont'd.)
Ethnographers and Epidemiologists Report on Marijuana

	City		
	Minneapolis, MN	**Kansas City, MO**	**New York, NY**
Use	Increase	Stable at very high rate	Stable
Who's Using/ Change in Users	Based on treatment admissions: 49.5% under 18 years; 77% male, 23% female; 71% Caucasian, 16% African-American, 5% Hispanic, 4% Native American; continued increase in prevalence among youth.	All ages, ethnicities, both genders	All groups
Drugs in Combination	Alcohol Dipped in formaldehyde or embalming fluid or PCP ("AMP")	Alcohol Crack Laced with PCP and formaldehyde	
Who's Selling	Variable	Variable-readily available in many areas	
Price/Purity	$3-5 per joint $5-10 per bag $50 per ¼ ounce $150-300 per ounce $900-1500 per lb. $2500-3000 per kg.		
Other/ Comments	"Many school counselors report that youths see no harm in use of marijuana. We know that parents send mixed messages about it."		

Table 7 (cont'd.)
Ethnographers and Epidemiologists Report on Marijuana

	City		
	Austin, TX	**San Antonio, TX**	**Seattle, WA**
Use	Increase	Increased high level of use	Stable with very slight increase
Who's Using/ Change in Users	Average age of those in treatment is 27 years	Youth, in both high and low socioeconomic groups; Mexican-American and Caucasian; 50% male, 50% female	Based on treatment admissions- 70% male, 30% female; 54% Caucasian, 27% African-American, 6% Asian, 8% Hispanic, 6% Native American
Drugs in Combination	Crack ("primos") PCP ("Fry", "Amp", "Water-Water")	Heroin Cocaine Inhalants Mixed with pulverized Xanax in blunts	Alcohol Methamphetamine
Who's Selling		Youth selling for Mexican mafia, often gang-involved.; some also sell heroin and cocaine	Mexican cartel; indoor growers
Price/Purity	Variable; Southern TX: $250-800 per lb. Northern TX: $450-800 per lb. For Mexican, $700-3,000 per lb. For domestic Price is declining.	$5, 10, 20 bags; $65 per ounce; $450 per lb. Commercial on border; $500-600 per lb. sinsemilla on border	$15-20 per gram sinsemilla, $40-50 per 1/8 ounce, $70-80 per ¼ ounce, $200-8,000 per lb.
Other/ Comments			Increase in indoor grown marijuana from Canada.

Table 8
Law Enforcement Report on Marijuana

	City		
	San Diego, CA	**Bridgeport, CT**	**Washington, DC**
Use	Stable at high level	Increase	Increase, widespread
Who's Using/ Change in Users	All ethnicities; popular amongst high school and college students	Wide range in age, ethnicities, both males and females	Mostly teens-mid 20's; both male and female; mostly African-American (reflecting population); average user is younger than in the past
Drugs in Combination	Crack cocaine Methamphetamine	Formaldehyde	Crack Heroin PCP
Who's Selling	Caucasian males; Mexican Nationals; variable	Jamaican gangs ("posses")	On street, African-Americans; controlling the market, South Americans, Jamaicans, Mexicans; usually sell other drugs as well
Price/Purity	$5 per .5-1 gram, $10 per 1-3 grams, $40-55+ per ¼ ounce; sinsemilla $40-50 per 1/8 ounce	$5 per small package (less than 1 gram)	$10 per bag (800-1,000 mg.)
Other/ Comments			

Table 8 (cont'd.)
Law Enforcement Report on Marijuana

	City		
	Boston, MA	**Columbia, MD**	**Trenton, NJ**
Use	Increase in late teen and early 20's use; stable in other populations	Stable at high level	Stable at high level
Who's Using/ Change in Users	All types of people; shift to younger users.	User population reflects community, getting younger	All ethnic groups; early teens-middle aged; both genders
Drugs in Combination		Cocaine MDMA Marijuana Prescription drugs PCP (but mostly used alone)	Cocaine (infrequent)
Who's Selling	High school students; Jamaicans; home growers; increase in those who grow their own selling	Reflects user population; mostly sell marijuana but some sell other drugs	All ethnicities; Jamaicans control market; don't usually sell other drugs
Price/Purity	Varies; increase in last 6 months	$5 per joint; $30 per 1/8 ounce; $50 per ¼ ounce; $100-200 per ounce.	$80-120 per ounce; high purity.
Other/ Comments			Sometimes sold/sent through private mail carriers or U.S. mail in bulk.

Table 8 (cont'd.)
Law Enforcement Report on Marijuana

	City			
	Cleveland, OH	**San Antonio, TX**	**Seattle, WA**	**Yakima, WA**
Use	Stable	Stable at high level	Stable and widespread	Stable at fairly high level
Who's Using/ Change in Users	All ethnicities; all ages; mostly males	All groups	All ethnic groups; all ages; both males and females	Teens-50's; all ethnicities; both males and females
Drugs in Combination	PCP Embalming fluid	Alcohol	Alcohol	Methamphetamine or cocaine (occasional)
Who's Selling	Caucasian, African-American, and Hispanic males of all ages; also sell crack and possibly heroin	At street level, young males, 18-early 20's; all ethnicities of area represented	Caucasians control indoor growth and sell higher quality marijuana; Hispanics/Mexicans sell lower grade marijuana, Black Tar heroin, methamphetamine, and cocaine	Predominantly Mexicans selling Mexican marijuana; also sell heroin and cocaine. Some Caucasians selling indoor hydroponically grown marijuana
Price/Purity	$1.50 per joint $6 per gram $150 per ounce	Stable	$2,000+ per lb. for high quality; $500-700 per lb. for Mexican marijuana	
Other/ Comments	Information about marijuana is scarce because in Cleveland possession is now a minor misdemeanor; fewer events seen by law enforcement	Commonplace, almost accepted	Very prevalent; concerned about young users, mixing with alcohol and driving	Mexican groups are smuggling marijuana into the U.S in furniture using U.P.S

Table 9
Treatment Providers Report on Marijuana Use Patterns

	Region			
	I: Northeast N=25	**II: Mid-Atlantic & South** N=25	**III: Midwest** N=24	**IV: West & Southwest** N=30
Clients with Marijuana Listed as Primary Drug of Choice	20%	16%	17%	16%
Change in Use Over Last 6 Months				
Increase	24%	17%	13%	13%
No change	64%	78%	83%	77%
Decrease	12%	4%	4%	10%
Other Drugs Abused (% providers mention)				
cocaine	0%	4%	4%	3%
marijuana	20%	32%	25%	13%
alcohol	100%	80%	88%	74%
tranquilizers	4%	4%	4%	0%
amphetamines	8%	8%	8%	26%
other	12%	12%	17%	16%

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania
Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C
Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota
Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

Table 9 (cont'd.)
Treatment Providers Report on Marijuana Use Patterns

	Region			
	I: Northeast	**II: Mid-Atlantic & South**	**III: Midwest**	**IV: West & Southwest**
Age				
Under 20	39%	51%	31%	32%
20's	36%	31%	33%	33%
30's	19%	13%	22%	24%
40+	6%	4%	14%	12%
Race/Ethnicity				
Caucasian	64%	53%	58%	52%
African-American	22%	28%	26%	10%
Latino	4%	17%	14%	11%
Asian	0%	1%	0%	5%
Other	10%	1%	2%	21%
Gender				
Male	63%	65%	73%	68%
Female	37%	35%	27%	32%
Prior Treatment?				
Yes	43%	35%	30%	35%
No	57%	65%	70%	65%

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania
Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C
Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota
Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

SPECIAL REPORT: "CLUB" DRUG USE

The use of various illicit drugs in nightclub and rave settings has become increasingly popular in many areas over the last few years. Drug use patterns in this context tend to be somewhat different from what we see in other drug cultures. Typically, users are young, Caucasian, and from a middle to upper socioeconomic group. The drugs are purchased in the setting (the club) or brought to the setting by the user, rather than bought on the street or from a regular drug supplier. The club or rave experience revolves around music, dancing, and socializing and usually lasts through the night. The high sought, therefore, is one characterized by increased energy and alertness, feelings of euphoria and disinhibition, and sometimes, hallucinogenic effects. As a result, the drugs used in clubs often span beyond the most common drugs (heroin, cocaine, marijuana, and alcohol), to so-called "designer drugs"[2], herbal mixtures, and a variety of hallucinogens. Additionally, club drug users often participate in "cafeteria" drug use, or a casual sampling and substitution of a variety of drugs based on availability that often involves the particularly dangerous practice of combined and concurrent drug use. Many of these drugs (e.g., ketamine, GHB, Rohypnol) are central nervous system (CNS) depressants, which have the potential to produce respiratory depression, especially when combined with other CNS depressants like alcohol, sedatives, or tranquilizers.

Ethnographic and police sources were asked about club drug use in their areas. Police sources seemed to have less information regarding this type of drug use, probably due to their focus on more popular illicit drugs like heroin and cocaine.

Following are brief descriptions of the most popular "club" drugs, and reports of use in different areas in the United States. Each drug is listed with its proper name, as well as its most common street name(s).

MDMA: Ecstasy, E, X, XTC, Adam

MDMA (Methylenedioxymethamphetamine) is a synthetic psychoactive drug usually taken orally in the form of pills and that has both mildly hallucinogenic and amphetamine-like effects. Although overt hallucinations are not typical when using this drug, a distorted sense of time is consistently reported. Users of MDMA describe the effect of the drug on their mood as causing empathic, open, and caring feelings. Users also report a decrease in fear, aggression, and defensiveness. Like amphetamine, MDMA can induce increases in heart rate, blood pressure, body temperature, energy, and alertness. A combination of increased body temperature, blood pressure, heart rate, and physical activity common in club settings can also produce rapid dehydration.

[2] The designation of "designer" to a drug usually refers to drugs produced by illicit chemists who develop a drug combination or variant that builds on an existing drug or mimics a drug effect. The result is often a more potent drug than the user may expect, or, more often, a drug with varying potency due to non-professional production. The risks involved with the use of "designer" drugs are often unknown to users.

Ethnographers report MDMA use in Seattle, Miami, St. Petersburg, Honolulu, New York, San Diego, and Chicago. Sources describe MDMA as very popular in the Miami and St. Petersburg areas, particularly among those under 30 years of age. MDMA reportedly sells for $20-30 per tablet in San Diego, and $30 per capsule in Chicago. Reports of a homemade version of MDMA called "widgets", costing only $15-20 per pill, also came from Chicago. Police in Columbia report occasionally seeing MDMA, remarking that MDMA "users tend to dabble in lots of different drugs".

LSD: Acid

Well-known from its use in the 1960's and 70's, LSD (Lysergic acid diethylamide) is probably the most popular and potent hallucinogen. LSD is sold in tablets, capsules, liquid form, and most commonly, on small squares of absorbent paper called "blotters" or "windowpane". Users refer to the LSD experience as a "trip" which typically lasts from four to twelve hours. Effects of this drug vary widely dependent upon the amount of the drug taken, the personality of the user, and the user's surroundings. Users may experience mild distortions or strong or rapid changes in emotions. LSD causes visual hallucinations and delusions, as well as a distorted sense of time and self. Some users report a sensation of separation from one's own body, and some report experiencing intense insight. The physical effects of LSD include increased heart rate, nausea, numbness, chills, and jitteriness.

Seattle, Austin, St. Petersburg, Honolulu, Chicago, and Minneapolis ethnographers report LSD use in their areas. Its popularity may endure partially due to its low price of only $4-10 per hit. In Austin, LSD is reportedly easy to obtain and popular among youth, but it is of low quality. There is a "fair amount" of LSD in Newark. In contrast, Minneapolis sources report the presence of LSD as "negligible" and Columbia police comment that they do not see much LSD in their area.

Ketamine: Special K, K

Ketamine hydrochloride is used licitly primarily as a veterinary anesthetic, although it can be used as a human anesthetic in low doses. Virtually unknown 5 to 10 years ago, the popularity of illicit ketamine has risen dramatically over the past few years. The powder form of ketamine can be snorted, mixed into drinks, or smoked; the liquid form of ketamine can be injected, mixed into drinks, or applied to smokable materials. Ketamine is often categorized as a dissociative anesthetic, producing effects described as similar to both PCP (phencyclidine) and LSD. The effects of ketamine vary depending on dosage and method of ingestion. Feelings of separation of mind from body and hallucinations are associated with the use of this drug at the high dose levels sold on the illegal market.

Ketamine use is reported by ethnographic sources in Seattle, Miami, New York, Chicago, Minneapolis, and Newark. In Chicago, the ethnographer reports that use of ketamine is increasing slightly and that it sells for $20 per dose. Minneapolis sources comment that ketamine is the primary club drug used, that it was first seen in 1997, and that

veterinary supply stores in their area have been burglarized. The Newark source emphasizes that there is a large quantity of ketamine in that area, all of which is pharmaceutical grade. He also notes that a lot of people are hospitalized as a result of taking high doses (100 ml) of ketamine at clubs.

GHB: Georgia Home Boy, Grievous Bodily Harm, Liquid X, Liquid Ecstasy, Scoop

GHB (gamma-hydroxybutyrate) is a sedative that is popular at clubs and at raves for its euphoric effects. Because of its sedative properties, GHB may also used as a "date rape" drug.[3] It is usually sold as an odorless colorless liquid. Users describe GHB as increasing energy, happiness, disinhibition, muscle relaxation, sensuality, and desire to socialize. In larger doses, GHB can cause sedation, desire to sleep, and loss of consciousness. Overdose can lead to respiratory arrest and is potentially lethal.

Chicago, Newark, Seattle, Austin, Miami, and Honolulu ethnographers report GHB use in their areas. In contrast, the Minneapolis source reports no GHB use. GHB reportedly sells for $5 per bottle cap in Chicago. The Newark source remarks that the term "smoldering" is used to describe the process of using GHB. He also notes that the GHB user group is an affluent one seeking psychological and sometimes sexual enhancement. The Miami source remarks that GHB has "been around for a while in clubs...people use it for mind-altering experiences". GHB overdoses are reportedly on the rise in Austin. The ethnographer in Honolulu reports sporadic evidence of GHB use and mentions that a GHB lab was found in a daycare center.

Rohypnol: Roofies

Rohypnol (the trade name for flunitrazepam) has been in the spotlight for the past few years because of its use as a "date rape" drug. It is a benzodiazepine, a sedative/tranquilizer like Valium, and is available legally in Mexico and Europe. Rohypnol is usually sold in tablet form, and sometimes sold as injectable liquid. In lower doses, Rohypnol is taken to relieve anxiety, cause muscle relaxation, and produce general sedative and hypnotic effects. Higher doses of Rohypnol cause a loss of muscle control, loss of consciousness, and anterograde amnesia. These effects are exacerbated when Rohypnol is combined with alcohol, a combination that can be deadly.

Austin, Miami, Honolulu, Minneapolis, and San Diego ethnographic sources report Rohypnol use in their areas. In Austin, treatment admissions for Rohypnol abuse are increasing. Miami sources, however, report a decrease in Rohypnol use. Rohypnol is seen sporadically in Honolulu. Rohypnol sells for only $1.50-2.00 per tablet in San Diego, most likely due to proximity to Mexico, where this drug is readily available.

[3] "Date rape" drugs refer to drugs that are used by persons to drug sexual partners, usually by combining the drug with food or alcohol, facilitating an assault. While many drugs produce unconsciousness, especially when combined with alcohol (sedatives and barbiturates), some, like GHB or Rohypnol are fast acting and have gained particular notoriety.

Conclusions

The *Pulse Check* indicates that the market for heroin, while variable across sites, remains relatively stable. Although some sites are experiencing a small increase in the number of snorters and skin-poppers, injection remains the predominant route of administration for heroin. Several areas report seeing younger users—a disturbing trend, while others continue to report an older age cohort of heroin users. Polydrug use, particularly heroin and cocaine used in combination with marijuana and alcohol, was cited by many ethnographic sources. Interestingly, law enforcement officials in several sites indicated the number of "double-breasted" or joint sales of heroin and cocaine appear to be declining.

The purity or quality of illicit drugs, particularly heroin, cocaine, and marijuana continues to rise while prices have remained stable or decreased slightly over the past 6 months in most sites. Higher quality marijuana appears to be entering the market from hydroponic growers, many of whom are selling what they grow at home.

Consistent with findings of the last issue of *Pulse Check*, the trend of younger drug users continues. In Minneapolis, for example, 46% of those admitted for methamphetamine treatment between 1996 and 1997 were under the age of 25.

Some sites also report young sellers of drugs; Boston, for example, reports high school students are selling marijuana, and San Antonio report youth serving as sellers for the Mexican mafia. Several sites indicate a trend toward the sale of heroin and cocaine via beeper with home deliveries made in a number of sites.

The entry of home-grown marijuana into the market and a potential increase in the number of indoor sales of cocaine and heroin pose a number of challenges for our Nation's law enforcement at the same time the trend in some sites of increased drug use among youth could pose a great burden on the drug treatment system if this new population of users matures into hard-core addicts. The rave or club scene where the use of a wide range of drugs poses serious health risks for youth is also cause for concern.

These findings are not generalizable to the Nation as they represent a relatively small number of cities across the country, but we continue to see a strong association between the reports of each separate source and traditional data sources regarding drug use trends. As the sites and sources included in the *Pulse Check* are expanded over the next year we expect to be able to identify clear regional trends in drug use.

Appendix: *Pulse Check* Methodology

The *Pulse Check* report has been published quarterly or semi-annually since 1992. Its goal is straightforward: to provide current information on recent and changing trends in drug abuse in the United States. The *Pulse Check* utilizes conversations with ethnographers and epidemiologists, law enforcement officials, and treatment providers all working in the drug field to compose a snapshot of the current state of drug abuse nationwide. For this issue, approximately 122 contacts were consulted from these three fields.

Ethnographers, Epidemiologists, and Other Ethnographic Sources

Ethnography is a mode of research that analyzes the behavior of groups in their natural settings. Through field observation and interviewing, ethnographers gather a variety of data. However, ethnography is not undercover work. Rather, ethnographers attempt to enter the natural setting of the group being studied fully identified as social scientific researchers. The goal of ethnography is to enter the drug user's world and describe it free of predetermined notions, on its own terms.

Epidemiologists are also interviewed for this report. Epidemiologists study the origins, spread, and control of diseases, generally using a public health paradigm. In the field of drug abuse, they track changes in patterns of drug use, including the incidence and prevalence of the use of specific drugs, characteristics of users, and any emerging trends. Many of the epidemiologists who report for the *Pulse Check* are members of the National Institute on Drug Abuse (NIDA) Community Epidemiology Working Group (CEWG).

The final set of ethnographic sources consulted for the *Pulse Check* report is comprised of sociologists and psychologists who use ethnographic methods in their studies of drug abuse.

In sum, the ethnographic sources consulted for the *Pulse Check* report are some of the best-known drug researchers in the country. In some cases, they are trained ethnographers, in the other cases they are epidemiologists, sociologists, and psychologists who employ ethnographic research methodology or track ethnographic sources. To the extent possible, contacts remain the same from issue to issue.

The 15 ethnographers, epidemiologists, and other ethnographic sources contacted for this issue of the *Pulse Check* follow:

Los Angeles, CA: Valerie Hoffmann, Ph.D., M.P.H., Assistant Research Psychologist, UCLA Drug Abuse Research Center, University of California-Los Angeles.

San Francisco, CA: Sheigla Murphy, Ph.D., Director, Institute for Scientific Analysis.

Bridgeport, CT: Gary Geter, Outreach Supervisor/Case Manager, Teen Outreach and Primary Services (TOPS) Agency.

Denver, CO: Lee Hoffer, Urban Links Project, Department of Health and Behavioral Sciences, University of Colorado at Denver.

Newark, DE: Mario Pazzaglini, Ph.D., Private Consultant to the State of Delaware and several drug treatment facilities. Formerly with the State of Delaware, Bureau of Alcoholism and Drug Abuse and the University of Delaware.

Miami, FL: Bryan Page, Ph.D., Professor of Anthropology and Psychiatry and Behavioral Science, University of Miami.

St. Petersburg, FL: Thomas Mieczkowski, Professor, Department of Criminology, University of South Florida.

Honolulu, HI: Dr. William Wood, Interim Dean, University of Hawaii School of Public Health.

Chicago, IL: Lorna Thorpe, Research Specialist, Department of Epidemiology and Biostatistics, University of Illinois.

Minneapolis, MN: Carol Falkowski, Senior Research Analyst, Hazelden Foundation.

Kansas City, MO: Margaret Turner, Deputy Director, Project Neighborhood.

New York City, NY: Doug Goldsmith, Principal Research Associate, National Development and Research Institute, Inc.

Austin, TX: Jane Maxwell, Director, Needs Assessment Department, Texas Commission on Alcohol and Drug Abuse.

San Antonio, TX: Reyes Ramos, Ph.D., Director of Research and Evaluation, Mujeres Project, Inc.

Seattle, WA: Michael Gormen, Ph.D., M.P.H., M.S.W., Research Scientist, Alcohol and Drug Abuse Institute, University of Washington.

Law Enforcement Sources

Law enforcement sources were derived from previous Abt Associates contacts and sources recommended by various law enforcement agencies. These sources are typically narcotics task force officers, special squad officers, and DEA agents.

This issue of *Pulse Check* contacted law enforcement sources from 10 cities. Generally, law enforcement contacts remain the same across issues of this report. However, when replacements must be made, they are done so upon recommendation, and when new contacts are established in new cities, they are included.

Treatment Providers

The sample of treatment providers was selected from the Uniform Facility Data Set (U.F.D.S, formerly the National Drug Abuse Treatment Unit Survey), a compilation of drug and alcohol treatment programs composed by the U.S. Department of Health and Human Services (DHHS). The U.F.D.S. is drawn from the National Facility Register, a directory supplied by the Substance Abuse and Mental Health Services Administration, DHHS.

This issue of *Pulse Check* draws from interviews with a sample of 104 treatment providers representing four geographic regions. From each region, 20 large programs (over 100 clients) and 20 small programs (less than 100 clients) were identified, and 10-20 of each type were contacted. The States in each region follow:

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania

Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington D.C.

Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota

Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

Topics of Discussion

The following is a sample of items discussed during *Pulse Check* conversations.

ETHNOGRAPHERS AND LAW ENFORCEMENT OFFICIALS

- Current rate of use of heroin, cocaine, and marijuana in the community, and any change in rate of use over the last 6 months.

- Age, ethnicity, and gender of users of heroin, cocaine, and marijuana in the community, and any change in these characteristics over the last 6 months.

- Frequency of use, typical dosage, and primary route of administration of heroin, cocaine, and marijuana, and any change over the last 6 months.

- Whether and how users are combining drugs.

- Whether there are any emerging drugs in the community.

- Characteristics of sellers in the community, any changes in those characteristics, and whether or not sellers deal multiple drugs.

- Typical prices and purity of heroin, cocaine, and marijuana.

TREATMENT PROVIDERS

- Percentage of treatment population reporting heroin, cocaine, marijuana, methamphetamine, and alcohol as the primary drug of abuse, and any change in these percentages over the last 6 months.

- Percentage of treatment population injecting versus inhaling/smoking heroin and cocaine, and any change in these percentages over the last 6 months.

- Other drugs abused in concert with heroin, cocaine, marijuana, and alcohol.

- Age, ethnicity, and gender of treatment population according to primary drug of choice.

- Percentage of treatment population having had prior treatment.

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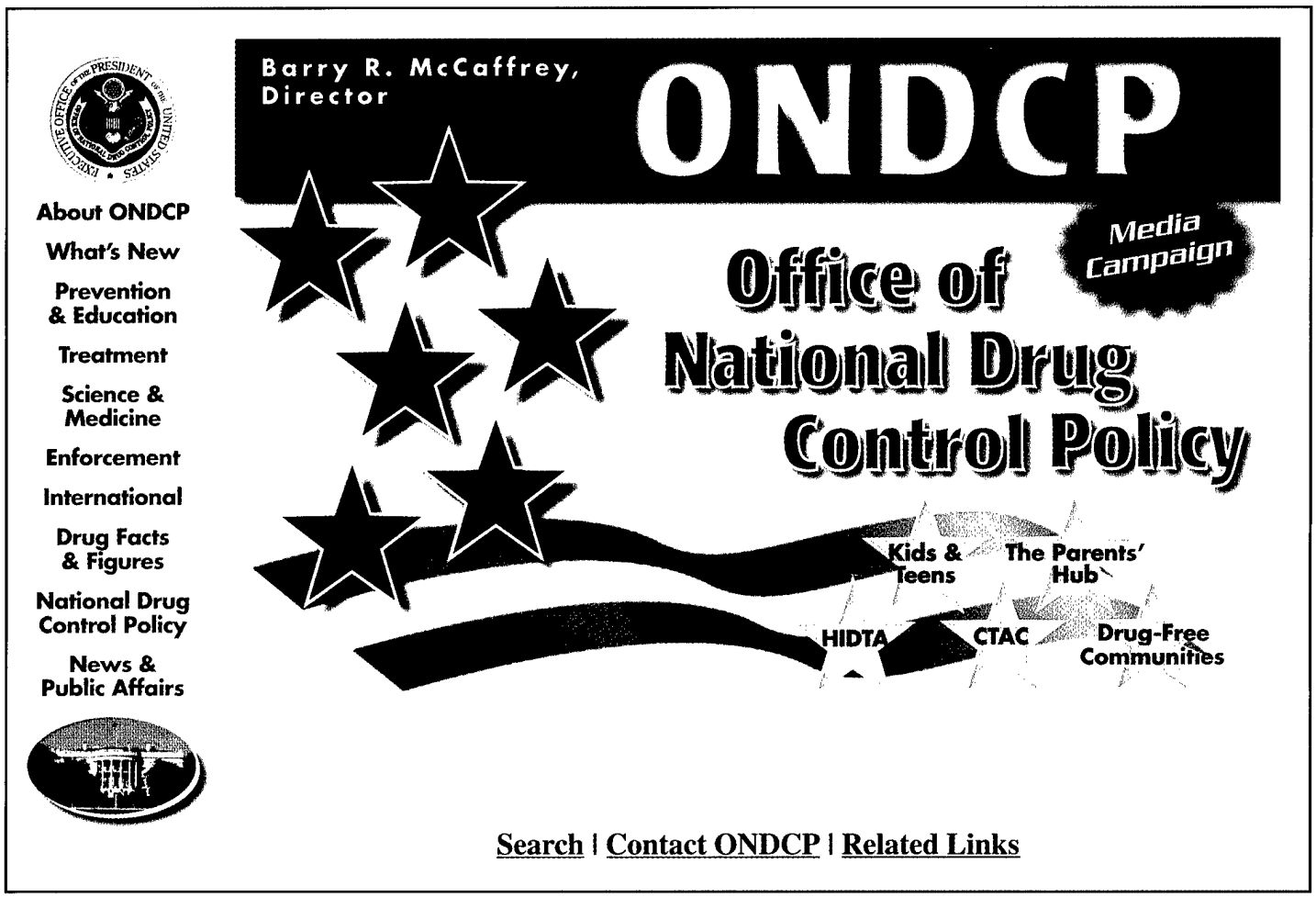

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For instant access to drug information including:

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- Current data on drug use
- Promising drug prevention, treatment, and enforcement programs
- Emerging drug problems
- New research findings
- Tips for parents
- ONDCP initiatives, press releases, and testimony
- Links to other valuable resources

For policymakers, legislators, criminal justice and health practioners, researchers, educators, parents . . . and a special page for kids.

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